PAGE 1/5 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) COUNTRY FIRST POLITICAL ACTION COMMITTEE, INC. (COUNTRY FIRST PAC) 228 S WASHINGTON STREET SUITE 115 ADDRESS (number and street) (Check if address is changed) ALEXANDRIA 22314 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS salpupura2010@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.countryfirstpac.com (Check if address is changed) DATE 2017 C00457705 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Davis, Keith, , , Type or Print Name of Treasurer Davis, Keith,,, [Electronically Filed] 01 2017 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. FEC FORM 1

Office			For further information contact:
Use			Federal Election Commission
Only			Toll Free 800-424-9530 Local 202-694-1100
,			LUCAI 202-094-1100

ı	FEC <b>Fo</b>	rm 1 (Revised 02/2009)	Page <b>2</b>				
		OMMITTEE Committee:					
(a)		This committee is a principal campaign committee. (Complete the candidate information below.	)				
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
Nam Cand	e of didate						
	didate / Affiliati	Office Sought: House Senate President	State				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name Cand	e of didate						
Par	ty Con	nmittee:  (National, State	(Democratic,				
(d)		This committee is a or subordinate) committee of the	Republican, etc.) Party				
Poli	tical A	ction Committee (PAC):					
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is				
		Corporation Corporation w/o Capital Stock	Labor Organization				
		Membership Organization Trade Association	Cooperative				
		In addition, this committee is a Lobbyist/Registrant PAC.					
(f)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party				
		In addition, this committee is a Lobbyist/Registrant PAC.					
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Join	t Fund	raising Representative:					
(g)	П	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t					
(h)		committees/organizations, at least one of which is an authorized committee of a federal candidate.  This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.					
	Com	mittees Participating in Joint Fundraiser					
	1.						
	2.						
	3.						
	4.						

FEC <b>Form 1</b> (Revised (	02/2000)	Page <b>3</b>
Write or Type Committee Name		i age <b>3</b>
• •	POLITICAL ACTION COMMITTEE, INC. (COUN	TRY FIRST PAC)
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Le	eadership PAC Sponsor
MCCAIN, JOHN, , SE	NATOR,	
Mailing Address	228 S WASHINGTON ST  SUITE 115  ALEXANDRIA  CITY  STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative	<b>✗</b> Leadership PAC Sponsor
. Custodian of Records: Ider books and records.	ntify by name, address (phone number optional) and position of the person	in possession of committee
	A, SALVATORE, A, MR.,	1
Full Name	228 S WASHINGTON ST.	
Mailing Address	STE. 115	
	ALEXANDRIA VA 222	2314
Title or Position	CITY STATE	ZIP CODE
ASSISTANT TREASURER		_ 650 _ 5624
Treasurer: List the name and any designated agent (e.g., a	nd address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	the name and address of
Full Name DAVIS, KE	EITH, , MR.,	
Mailing Address	228 S WASHINGTON ST.	
Š	STE. 115	
	ALEXANDRIA VA 22	314
Title or Decition	CITY STATE	ZIP CODE
Title or Position TREASURER	Telephone number 703	- 549 - 7705

FEC Form	<b>1</b> (Revised 02/2009)	Page <b>4</b>			
Full Name of Designated	PURPURA, SAL, , MR.,				
Agent	228 S WASHINGTON ST				
Mailing Address	228 S WASHINGTON ST.				
	STE. 115	<u> </u>			
	ALEXANDRIA VA 22314				
	CITY STATE	ZIP CODE			
Title or Position ASSISTANT TR	EASURER Telephone number 703 - [	650			
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.  CHAIN BRIDGE BANK					
Mailing Address	1445-A-LAUGHLIN AVE				
	MCLEAN VA 22101				
	CITY STATE	ZIP CODE			
Name of Bank, D	Depository, etc.				
Mailing Address					
	CITY STATE	ZIP CODE			

## FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1G (Revised 06/2011) Page 5 List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ ADDITIONAL ] Name of Bank, Depository, etc. Mailing Address ZIP CODE 🛕 CITY 🗖 STATE **△** [ ADDITIONAL ] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor **SEDONA PAC** 228 S WASHINGTON ST Mailing Address **SUITE 115 ALEXANDRIA** 22314 **CITY** STATE 4 ZIP CODE Relationship: Connected Organization Joint Fundraising Representative Leadership PAC Sponsor Affiliated Committee [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ ADDITIONAL ] Joint Fundraiser Participant С FEC ID number